

REQUEST FOR REVIEW OF REJECTED COMPLAINT

DOC 310.11(6), Wis. Adm. Code: "An inmate may appeal a rejected complaint within 10 calendar days only to the appropriate reviewing authority who shall only review the basis for the rejection of the complaint. The reviewing authority's decision is final."

INSTRUCTIONS:

1. Prepare an original and one copy of this request. Please print or type.
2. Sign and date form.
3. Keep the copy of this request for your records.
4. Send the original to the Warden specified on the DOC-402 form you received.

This form is not to be submitted to the Corrections Complaint Examiner

| OFFENDER NAME | DOC NUMBER | INSTITUTION (Abbreviate) | COMPLAINT FILE NUMBER |
|---------------|------------|--------------------------|-----------------------|
| Jackie Carter | 348-415 | CCD | XX |

STATE BRIEFLY WHY YOU DISAGREE WITH THE REASON FOR THE REJECTION OF YOUR COMPLAINT.

P.O. Box # 900
Portage, WI (53901)

Date: 11-20-14

Dear Clerk & Judge

I would like to Appeal this
(Case # 12-C-574)

Thank you.

Jacks

mailed 11-20-14
Thurs P.M.

SIGNATURE OF OFFENDER

DATE SIGNED

Jackie Carter

11-20-14